

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

0622864 AV

05-27-2003 90159 025 \*\*\*550.00

**DOCUMENT # P99000002531**



1. Entity Name  
**CHARLIE POYNTER CONTRACTING, INC.**

Principal Place of Business  
**2950 N 2ND ST  
N FORT MYERS FL 33917**

Mailing Address  
**2950 N SECOND STREET  
N FORT MYERS FL 33917**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0886942**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POYNTER, KAREN  
2950 N SECOND STREET  
N FORT MYERS FL ~~9917~~ 33917**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **PTS POYNTER, KAREN**  
STREET ADDRESS **2916 FRIERSON ST. UNIT 19**  
CITY-ST-ZIP **FORT MYERS FL 33916**

Change  Addition  
NAME **2950 N SECOND ST.**  
STREET ADDRESS **N FORT MYERS FL 33917**  
CITY-ST-ZIP

TITLE  Delete  
NAME **VP POYNTER, CHARLIE**  
STREET ADDRESS **2964 FRIERSON STREET #19**  
CITY-ST-ZIP **FORT MYERS FL 33916**

Change  Addition  
NAME **2950 N SECOND ST.**  
STREET ADDRESS **N FORT MYERS FL 33917**  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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TITLE  Delete  
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CITY-ST-ZIP

Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **5/9/03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)